

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/29/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>44E232</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/22/2011</b>
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NAME OF PROVIDER OR SUPPLIER

**BLED SOE COUNTY NURSING HOME**

STREET ADDRESS, CITY, STATE, ZIP CODE

**107 WHEELERTOWN AVENUE  
PIKEVILLE, TN 37367**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to maintain the corridor openings as required.</p> <p>The findings include:</p> <p>On 3/22/11, at 12:30 p.m., observation within room 109 revealed the door required more than fifteen pound force (15lbf) to open and close within the frame. National Fire Protection Association NFPA 101 7.2.1.4.5</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance</p>	K 018	<p><b>K 018</b></p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>No individual resident was cited.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <p>All residents have the potential to be affected by this practice.</p> <p>The Maintenance staff trimmed door protection to prevent any resistance when opening and closing door in room 109.</p> <p><b>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</b></p> <p>Maintenance Dept. will check all doors within the facility to ensure that all corridor openings are properly maintained. This will be completed by 4/15/11.</p>	4/15/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Stephanie Bryant*

*Administrator*

4/7/11

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1	K 018		
K 067 SS=D	Director during the exit interview on 3/22/11 NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2  This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to maintain the heating, ventilation and the air-conditioning system as required.  The findings include:  On 3/22/11, at 12:10 p.m., observation within the employee handicap bathroom revealed the exhaust fan unit was not working. National Fire Protection Association. (NFPA) 101, 19.5.2.1.  This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/22/11.	K 067	<b>K 067</b>  What corrective action will be accomplished for those residents found to have been affected by the deficient practice:  No individual resident was cited.  How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.  All residents have the potential to be affected by this practice.  The Maintenance Staff was able to fix the exhaust fan unit in the employee handicap bathroom by closing an opening in duct in ceiling. This was completed on 3/30/11	3/30/11
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to maintain the electrical system as required.	K 147		

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K 018	Continued From page 1	K 018			
K 067 SS=D	Director during the exit interview on 3/22/11 NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2  This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to maintain the heating, ventilation and the air-conditioning system as required.  The findings include:  On 3/22/11, at 12:10 p.m., observation within the employee handicap bathroom revealed the exhaust fan unit was not working. National Fire Protection Association. (NFPA) 101, 19.5.2.1.  This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/22/11.	K 067	What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:  The Maintenance Director and Staff will monitor all units within the facility to ensure that all units are properly maintained as required.  How the corrective action will be monitored to ensure the deficient practice will not recur: i.e., what quality assurance program will be put into place:  The Maintenance Director and Staff will routinely conduct a "tissue test" to ensure that all vents are properly working.		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to maintain the electrical system as required.	K 147			

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K 147	<p>Continued From page 2</p> <p>The findings include:</p> <p>On 3/22/11, at 11:30 a.m., observation within the breezeway in the back hall area revealed the wall outlet was not a Ground Fault Circuit Interrupter outlet GFCI. National Fire Protection Association 70, 210-8(a)(3)</p> <p>On 3/22/11, at 11:50 a.m., observation within the laundry room revealed the electric panel had an open slot among the circuit breakers. National Fire Protection Association (NFPA) 70, 373-4</p> <p>On 3/22/11, at 12:15 p.m., observation within resident room 102 revealed the use of a multiple adapter. National Fire Protection Association (NFPA) 70, 240-5</p> <p>On 3/22/11, at 1:55 p.m., observation within the ceiling area above rooms 118 and 120 revealed the light fixture was loose. National Fire Protection Association (NFPA) 70, 110-13(a)</p> <p>These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/22/11.</p>	K 147	<p><b>K 147</b></p> <p><b>1) Wall Outlet</b></p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>No individual resident was cited.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>All residents have the potential to be affected by this practice.</p> <p>Maintenance Staff replaced the wall outlet in the breezeway in the back hall area with a new GFCI outlet on 4/1/11.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</p> <p>Maintenance Director and staff will check all outlets to ensure that the facility maintains the electrical system as required.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur: i.e., what quality assurance program will be put into place:</p> <p>Maintenance Staff will routinely monitor throughout the facility to ensure that the electrical system is properly maintained.</p>	4/1/11

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K 147	<p>Continued From page 2</p> <p>The findings include:</p> <p>On 3/22/11, at 11:30 a.m., observation within the breezeway in the back hall area revealed the wall outlet was not a Ground Fault Circuit Interrupter outlet GFCI. National Fire Protection Association 70, 210-8(a)(3)</p> <p>On 3/22/11, at 11:50 a.m., observation within the laundry room revealed the electric panel had an open slot among the circuit breakers. National Fire Protection Association (NFPA) 70, 373-4</p> <p>On 3/22/11, at 12:15 p.m., observation within resident room 102 revealed the use of a multiple adapter. National Fire Protection Association (NFPA) 70, 240-5</p> <p>On 3/22/11, at 1:55 p.m., observation within the ceiling area above rooms 118 and 120 revealed the light fixture was loose. National Fire Protection Association (NFPA) 70, 110-13(a)</p> <p>These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/22/11.</p>	K 147	<p><b>2) Electrical Panel in Laundry Room</b></p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>No individual resident was cited.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <p>All residents have the potential to be affected by this practice.</p> <p>Maintenance Dept. purchased a blank cover for electrical box to cover open slot among the circuit breakers on 3/30/11.</p> <p><b>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</b></p> <p>Maintenance Staff will check all electrical panels to ensure that the facility maintains the electrical system as required.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur: i.e., what quality assurance program will be put into place:</b></p>	<p>3/30/11</p>	

Maintenance Director and Staff will routinely monitor facility to ensure that the electrical system is maintained as required.

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K 147	<p>Continued From page 2</p> <p>The findings include:</p> <p>On 3/22/11, at 11:30 a.m., observation within the breezeway in the back hall area revealed the wall outlet was not a Ground Fault Circuit Interrupter outlet GFCI. National Fire Protection Association 70, 210-8(a)(3)</p> <p>On 3/22/11, at 11:50 a.m., observation within the laundry room revealed the electric panel had an open slot among the circuit breakers. National Fire Protection Association (NFPA) 70, 373-4</p> <p>On 3/22/11, at 12:15 p.m., observation within resident room 102 revealed the use of a multiple adapter. National Fire Protection Association (NFPA) 70, 240-5</p> <p>On 3/22/11, at 1:55 p.m., observation within the ceiling area above rooms 118 and 120 revealed the light fixture was loose. National Fire Protection Association (NFPA) 70, 110-13(a)</p> <p>These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/22/11.</p>	K 147	<p><b>3) Resident Room 102 – Multiple Adapter</b></p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>No individual resident was cited.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</b></p> <p>All residents have the potential to be affected by this practice.</p> <p>Maintenance Staff disposed of multiple adapter in resident room 102 on 3/30/11.</p> <p><b>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</b></p> <p>Maintenance Staff will check the resident rooms throughout the facility for multiple adapters.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur: i.e., what quality assurance program will be put into place:</b></p> <p>Maintenance Staff will continue to monitor the facility to ensure that the electrical system is maintained as required.</p>	3/30/11	

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K 147	<p>Continued From page 2</p> <p>The findings include:</p> <p>On 3/22/11, at 11:30 a.m., observation within the breezeway in the back hall area revealed the wall outlet was not a Ground Fault Circuit Interrupter outlet GFCI. National Fire Protection Association 70, 210-8(a)(3)</p> <p>On 3/22/11, at 11:50 a.m., observation within the laundry room revealed the electric panel had an open slot among the circuit breakers. National Fire Protection Association (NFPA) 70, 373-4</p> <p>On 3/22/11, at 12:15 p.m., observation within resident room 102 revealed the use of a multiple adapter. National Fire Protection Association (NFPA) 70, 240-5</p> <p>On 3/22/11, at 1:55 p.m., observation within the ceiling area above rooms 118 and 120 revealed the light fixture was loose. National Fire Protection Association (NFPA) 70, 110-13(a)</p> <p>These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/22/11.</p>	K 147	<p><b>4) Light Fixtures Rooms 118 And 120</b></p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>No individual resident was cited.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</b></p> <p>All residents have the potential to be affected by this practice.</p> <p>Maintenance Staff added extra screws for security to both light fixtures that was loose in rooms 118 and 120 on 3/30/11.</p> <p><b>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</b></p> <p>Maintenance dept. will check all light fixtures throughout the facility to make sure the fixtures are secure and the electrical system is maintained as required by the facility.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur: i.e., what quality assurance program will be put into place:</b></p> <p>Maintenance Director and staff will continue to monitor all light fixtures for security.</p>	3/30/11	

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